

## Application Data Sheet

### Application Information

**Application Type::** Regular  
**Subject Matter::** Utility  
**Suggested classification::**  
**Suggested Group Art Unit::**  
**CD-ROM or CD-R?::** None  
**Computer Readable Form (CRF)?::** No  
**Title::** ALARM NOTIFICATION SYSTEM,  
RECEIVER, AND METHODS FOR  
PROVIDING LIVE DATA  
**Attorney Docket Number::** 066243-0266 (146043)  
**Request for Early Publication?::** No  
**Request for Non-Publication?::** No  
**Suggested Drawing Figure::** 5  
**Total Drawing Sheets::** 16  
**Small Entity?::** No  
**Petition included?::** No  
**Secrecy Order in Parent Appl.?::** No

### Applicant Information

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** U.S.A  
**Status::** Full Capacity  
**Given Name::** David C.  
**Family Name::** Hastings  
**City of Residence::** Rancho Santa Margarita  
**State or Province of Residence::** CA

**Country of Residence::** US  
**Street of mailing address::** 20 Via Brida  
**City of mailing address::** Rancho Santa Margarita  
**State or Province of mailing address::** CA  
**Postal or Zip Code of mailing address::** 92688

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** Canada  
**Status::** Full Capacity  
**Given Name::** Pierre  
**Family Name::** Charbonneau  
**City of Residence::** Ladera Ranch  
**State or Province of Residence::** CA  
**Country of Residence::** US  
**Street of mailing address::** 6 Shelton Court  
**City of mailing address::** Ladera Ranch  
**State or Province of mailing address::** CA  
**Postal or Zip Code of mailing address::** 92694

### **Correspondence Information**

**Correspondence Customer Number::** 33679  
**E-Mail address::** PTOMailMilwaukee@Foley.com

### **Representative Information**

<b>Representative Customer Number::</b>	33679	
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**Domestic Priority Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>

**Foreign Priority Information**

<b>Country::</b>	<b>Application number::</b>	<b>Filing Date::</b>	<b>Priority Claimed::</b>

**Assignee Information****Assignee name::**GE Medical Systems Information  
Technologies, Inc.